U S Department of Labor Cffice of Labor Management Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

	For Official Use Only
	AUG26ZIJ
E	OR DE DE DE

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	12 / 1 / 2004 Through 12 / 31 / 2004					
3 Name and address of person filing	4 Name file number and address of labor organization					
Name Gregory J Strack	Name Ironworkers Local #147					
	Labor Organization File Number 019 785					
PO Box Bldg Room No If any	P O Box Building and Room Number if any					
Street 1211 W Coliseum Blvd	Street 1211 W Collseum Blvd					
CMy Fort Wayne	City Fort Wayne					
State (Indiana ZIP Code + 4 46808 1227	State Indiana ZIP Code + 4 46808 1227					
5 Position in labor organization Business Manager						
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)						
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent						
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income					
Name						
Trade Name If any						
PO Box Bidg Room No If any	\$ 3 A					
	7 b Amount					

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information

ZIP Code + 4

submitted in this report (including the information contained in any accompanying doc	annetics in the restrict	stone \							
undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)									
Signed Dieg St. On	8/12/05 Date	(260) 484-8514 Telephone Number							

Street

City

State

Name of Person Filing Gregory Strack		File Number U						
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested								
8 Name and address of Business (including trade name if any) Name Ironworkers So Ohio & Vicinity Benefit Trust Trade Name if any PO Box Bidg Room No if any Street 1470 Worldwide Place	9 Business deals with a Labor Organiza b Trust c. Employer	ation						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal Reimbürse Travel E	•		3~	\$			
Trade Name if any P O Box Bldg Room No if any		* * * * * * * * * * * * * * * * * * *	# **	* ,.	\$71			
City State	12 a Nature of interest held or income received 02/13/04 \$71 21 Reimburse expenses for trustee							
	ž. k) ************************************	ķ ę	*				
	12 b Amount		8	00 00 00 00				
	C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value							
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			~				
Name, * ^ ,	3	1, , , , , , , , , , , , , , , , , , ,		ø	ļ			

14 b Amount of payment

Street

City

State

PO Box Bidg Room No If any

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?



INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRONWORKERS LOCAL UNION NO 147

Affiliated with AFL C10

1211 WEST COLISEUM BLVD FORT WAYNE, INDIANA 46808 PHONE (260) 484 8514 FAX (260) 484 8515 TOLL FREE. (888) 484 8514



Disclaimer

The transactions dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences were no kept for the 2004 fiscal year, and some or many items may have bee unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004. I will immediately file an amended LM-30 Report.

Signature

Date